LEXINGTON RECREATION AND COMMUNITY PROGRAMS

39 Marrett Road, Lexington, MA 02421 (on-site) 781-698-4800

PARENT VOLUNTEERS NEEDED FOR THE 2017 THURSDAY SKI/SNOWBOARD PROGRAM

(Parents - no skiing required!)

<u>Parents</u>: The success of the program **depends** on having parent volunteers as chaperones either on a **permanent** or **temporary** basis. If this is something you would like to do, please **check off either temporary or permanent** chaperone; fill in your contact information; check the date(s) you are available - only for *temporary* volunteers (assignment based on availability); and send this form to the Recreation office **no later than November 30, 2016**. There will be a <u>mandatory</u> informational meeting held in early to mid December for all chaperones who volunteer. You will be notified of the date of the meeting and be given the date(s) you are needed to chaperone.

Thank you in advance for considering this ful	n involvement with our pro	gram.	
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Temporary bus chaperones are needed thelping the children where needed and after the			
I understand that the success of this program a temporary chaperone for the Thursday After			
Jan. 5 Jan. 12 Jan.	. 19 Jan. 26	Feb 2	_ Feb 9
In the event the program continues beyond the February 16, Mar 2, etc. yes no		l be able to atte	end the make-up afternoon(s),
Name:(please print)	Home Phone:		Child's Name:
Address:		Zip Coo	de
Email:	Cell Pho	one:	
	OR		
Permanent bus chaperones are needed to weekly, sharing duties with another permane After helping the children where needed, and slopes for skiing or boarding and receive rent chaperones will receive a free lesson package	nt chaperone, and <i>being av</i> I after they are in lessons, ptals at no charge until 4:00	permanent chap p.m. (license i	participants in the ski area and lodge. perones will be able to <i>takes turns</i> on the required for rentals). Permanent
I understand that the success of this program permanent chaperone for the Thursday Aftern			perones and I am willing to become a
Name:(please print)	Home Phone:		Child's Name:
(please print) Address:			
Email:	Cell Pho	one:	

IF YOU HAVE CHECKED OFF ANY OF THE ABOVE, PLEASE RETURN THIS FORM, **ALONG WITH YOUR CHILD'S ON-SITE INFO/EMERGENCY FORM**, TO THE RECREATION OFFICE *PROMPTLY* – **WE CAN'T RUN THE PROGRAM WITHOUT YOU!** THANK YOU.